



**ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE HEALTH LABORATORY**

**RABIES
SPECIMEN SUBMISSION AND REPORT FORM**

DATE RECEIVED		LABORATORY PERFORMING TEST:		PHOENIX	TUCSON
NAME OF SUBMITTING AGENCY					
SUBMITTING AGENCY TRACKING NUMBER:					
ADDRESS					
CITY	STATE			ARIZONA	ZIPCODE
TELEPHONE NUMBER		ALTERNATE PHONE			
NAME OF PERSON BITTEN					
ADDRESS					
COUNTY	DATE BITTEN				
AGE	GENDER		MALE	FEMALE	
TELEPHONE NUMBER		ALTERNATE PHONE			
PART OF BODY BITTEN	HEAD	ARM	LEG	NECK	OTHER: DATE BITTEN:
NAME OF OWNER (IF DOMESTIC)					
ADDRESS OR LOCATION *					
CITY	STATE			ARIZONA	ZIPCODE
TELEPHONE NUMBER		ALTERNATE PHONE			
SPECIES OF ANIMAL: (circle one)		DOG CAT BAT FOX COYOTE Skunk BOBCAT EQUINE BOVINE OTHER (SPECIFY)		IF BAT, PLEASE INCLUDE GENUS AND SPECIES; IF FOX OR SKUNK, PLEASE INCLUDE TYPE:	
DID ANIMAL		DIE		KILLED	EUTHANIZED
WAS ANIMAL VACCINATED FOR RABIES?		YES		No	
WAS THE BITE PROVOKED?		YES		No	
HAS THE ANIMAL BEEN QUARANTINED?		YES		No	
DATE OF ONSET OF CLINICAL SIGNS OR WHEN ANIMAL WAS FOUND					
*GEOGRAPHIC LOCATION WHERE ANIMAL WAS PICKED UP					
WAS ANIMAL FOUND IN PUBLIC PLACE?		YES		No	
*CLOSEST CROSS STREETS					
DESCRIBE HOW AND WHY THE PATIENT WAS BITTEN:					
OTHER EXPOSURE TO HUMAN (NON-BITE)? PLEASE DESCRIBE:		YES	No		
IF WILD ANIMAL, LIST ANY DOMESTIC ANIMALS THAT WERE EXPOSED:					
AGENCY THAT COLLECTED ANIMAL (IF DIFFERENT THAN SUBMITTING AGENCY)					
TELEPHONE NUMBER					

FOR LABORATORY USE ONLY

ASHL NUMBER:				
LABORATORY RESULTS <i>FLUORESCENT RABIES ANTIBODY TEST</i>		POSITIVE	NEGATIVE	UNSATISFACTORY- REASON:
DATE REPORTED:				
REPORTED BY:				